



AF/1645

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**Title: CLONING, OVEREXPRESSION AND THERAPEUTIC USE OF BIOACTIVE HISTIDINE AMMONIA LYASE**

Appl. No.: 09/833,745

**Filing Date:** 4/13/2001

Examiner: Patterson, Charles L Jr.

Art Unit: 1645

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment with a Replacement Drawing Sheet (Fig. 8) in the above-identified application.

**[ X ]** The fee required for additional claims is calculated below:

	Claims				Extra Claims				Additional
	As		Previously		Present		Rate		Claims Fee
	Amended		Paid For						
Total Claims:	14	-	24	=	0	x	\$18.00	=	\$0.00
Independents:	4	-	5	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$0.00

☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$420.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
EXTENSION FEE TOTAL:		\$420.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$420.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		
TOTAL FEE:		\$420.00

☒ A check in the amount of \$420.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 20 January 2004

FOLEY & LARDNER  
Customer No. 22428  
Customer Number: 22428  
Telephone: (202) 672-5404  
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By Stephen A. Bent

Stephen A. Bent  
Attorney for Applicant  
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